

State of Washington Application for a Water Right

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Fee Paid _	
Date	

Please follow the attached instructions to avoid unnecessary delays.

Please	e follow u	e attache	ed instruc	tions to ave	in unnecessar		•		
Section	1. APPL	ICANT	- PERSO	N, ORGA	'98 ABR 16 P NIZATION, (OR WA	TER S	YSTEM	
Name L 360 NW	EWIS CO	SUNTY MS:CSTO	Dept. Co	mmonity.	SerwiceHouseTel Work Tel:	(360)			
					2 + 1900 FAX				
on <u>on</u>			2.	.p.,. <u>1033</u>	= 1.1.00	(303)	110	2707	
Name OR Name OR Mailing Add City Oly Relationship Section The applica Cubic feet purpose(s) Company of the section of	to applicant requests a et per second of Fish	EMENT permit to to from a to g	ROORT N (VO) 1 8137 tateWa Zi unter OF INT use not more surface wat	Lewis (un teen) RAINIEI ip+4 9851 Harry Se 360 ENT than ter source or EN hance	<u> </u>	(360) 4 (360) 4 (360) 4 (360) 4 (360) 6 (360) 6 (360) 6 (360) 6	Ser -(1/56 ShmE 4/56 it Di gallons p eck only (Fax Ph Above 3836 3836 R. lom. Ser. per minute or one) for the CHA"LEGAL"	
1/	maximum and							NON-CONSUMPT	
Section	From <u>9</u> 4. WAT			1201 yr.	AND	1c fo	5/20	o- 9/20 ea 41	
If SURFA	ACE WATE	R			If GROUNDWA	TER			
lake, etc. "unnamed Sout	water source If unnamed, stream," etc LEWIS f diversions:	write "unn	named spring	5,"	A permit is desired	1 for	W	vell(s).	
Source flo	ws into (nam	e of body	of water):~ RIVER.fron	No pond)	Size & depth of we	ell(s):			
LOCATION	ON								
Enter the nearest se	north-south	and east- E a ppi #2	west distance at 1550' 1550' 1550' 1550'	ces in feet from a point a	om the point of of	diversion of the	or without sw h	trawal to the	
ana al	I me very	eg ENA	g zwa o c	אל הוא אל	Source Section	-	Sketch attached DEF. If location of source is platted, complete		
¼ of	1/4 of	Section	Township	Range(E/W)	County	Lot	Block	Subdivision	
SE Y4	S w 44	17	n N	ΙW	Lewis				
	Use Date Re pt/Not Exempt ed As Complete	oflin	-16-98 icense #	00	ty Date:			wria: <u>26</u>	

ECY 040-1-14 Rev. 9/95 F **APPLICATION**

Appl. No.: 52-29644

A.	Name of system, if named: $\[\] \[\] \[\] \[\] $
B.	Briefly describe your proposed water system. (See instructions.)
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
	~ //
А. В.	Number of "connections" requested: Type of connection Are you within the area of an approved water system? Type of connection (Homes, Apartment, Recreational, etc.) \[\sum \text{YES} \sum \text{NO} \]
	If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the
	Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
	NTT
Α.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	UseAcres
	Use Acres Use Acres Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)
	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977;
	‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	1. Is the combined acreage greater than 2000 acres? □ YES □ NO
	2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO If yes, enter permit no:
E.	Farm uses:
	Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Section 8. WATER STORAGE

NA

Will you be using a dam, dike, or other structure to retain or store water?

□ YES □ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

2 pow 5 50 × 140 cech

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. From Tolodo was cross

Cow litz River - 300' do. of Bridge Take Ray Road-Right
- Follow Ray Rd 1/2 mile pass Park Pond on Right - Go To

S.E End of Pond - stop - Site on East Side of Road
See Sketch

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Lease agreement with wash of Dutof Ablus Resource

B. Does the applicant own the land on which the water source is located?

XYES A NO

If no, submit a copy of agreement: Lease openent will the work St. Sylof Notural Resources

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Date

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SAME

Landowner for place of use (if same as applicant, write "same")

Dat

We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested (d		application by

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).